

## **P-IRO Inc.**

**An Independent Review Organization**

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### ***Notice of Independent Review Decision***

**Case Number:**

**Date of Notice:** 04/21/2015

#### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

General Surgery

#### **Description of the service or services in dispute:**

Joint release, debridement arthroplasty volar spike tenolysis  
Left ring finger  
Polar care unit

**Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

- ☐ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☒ Partially Overturned (Agree in part / Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

Joint release and debridement arthroplasty with volar spike tenolysis of the left ring finger is medically necessary.

Polar care unit is not medically necessary.

#### **Patient Clinical History (Summary)**

The patient is a male who was injured on xx/xx/xx removing a heavy coil from the ground which smashed the patient's left hand. The patient was reported to have sustained a fracture of the left ring finger. The patient was initially seen on 10/29/14 with radiographs showing a significantly displaced intraarticular fracture of the proximal phalanx of the left ring finger and a slightly less severe fracture of the middle phalanx of the middle finger with a bony mallet type fracture in the index finger. indicated that the ring finger fracture required reduction with surgical stabilization as well as possibly the middle finger. The patient did have percutaneous pinning of the left ring finger as well as the left long finger. Postoperatively, the patient was referred for physical therapy. The patient continued to follow up with and the 01/20/15 clinical report noted the patient was unable to gain approval for further physical therapy. The patient's physical examination noted loss of proximal interphalangeal joint range of motion to 70-80 degrees. Radiographs showed a volar spike in the left ring finger. The recommendation was to continue with exercises for range of motion of the left ring finger. Depending on range of motion results, surgery would be discussed. The patient followed up with on 02/17/15 noting no improvements in range of motion of the left ring finger. The physical examination again noted loss of range of motion at the right finger proximal interphalangeal joint at 75-80 degrees with mild swelling present.

The requested joint release and debridement arthroplasty with volar spike tenolysis of the left ring finger with a postoperative polar care unit was denied on 02/27/15 as it was unclear whether the patient was planning to continue with a rigorous course of postoperative physical therapy.

The request was again denied on 03/27/15 as the records still did not indicate whether the patient was willing to continue postoperatively with a physical therapy regimen.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The clinical documentation submitted for review noted persistent loss of range of motion in the right ring finger proximal interphalangeal joint despite continued exercises. The patient still had pain despite analgesics over the left ring finger. The patient sustained a significant fracture of the left ring finger which was complicated by delay of pinning and lack of postoperative physical therapy. In this case, given the loss of range of motion at the left ring finger proximal interphalangeal joint, debridement arthroplasty to address the range of motion loss would be reasonable and medically appropriate as well as standard of care. In addition to this procedure, the volar spike present on radiographs will need to be addressed concomitantly. This will allow the patient to have the best postoperative result possible from the procedure. Based on the patient's physical examination and radiographic findings, the proposed procedures for the left ring finger would be considered medically necessary in this reviewer's opinion. Therefore, this reviewer would recommend overturning the prior denials regarding the surgical request. In regards to the request for a polar care unit, there is limited evidence in the clinical literature establishing that cryotherapy units are any more effective than hot and cold packs for postoperative pain as well as medications. There would be no indication for a polar care unit in this case and it is this reviewer's opinion that the DME request is not medically necessary at this time.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back
- ☐ Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)